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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	MBER: 003400001		CI	TY OR TOWN	ASHBURN	IHAM
APPLICATION	N FOR RENEWAL:	Annu	al	LICENSED FOR 2013		)13
		CLA	SS			YEAR
LICENSEE NA	AME: TURNPIKE I	ROD & GUN CLUI	3 OF SO.A	SHBURNHAM	INC.	
DOING BUSIN	NESS A					
ADDRESS 94	COREY HILL RD.					
CITY/TOWN:	ASHBURNHAM	STATE:	MA	ZIP CODE:	01430	
MANAGER:	LUPIEN, RANDY	TYPE OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:					
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	N OF LICENSED PR	EMISES:				
	BUILDING MEASU: 0 SQ FT REFRIGER				UD ROOM A	AREA.
I hereby certify	and swear under pen	alties of perjury tha	it:			
	renewed license will l	• 1		•		
	licensee has complied			_	to taxes; and	
3. the 1	premises are now ope	n for business (If no	ot explain	below)		
CICNED DV						
SIGNED BY	Individual, Pa	artner or Authorized	l Corporate	e Officer		
DATE:	TELEP	HONE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004,	signed, attest that w signed by the building and (2) the certifica	ng inspector and tl	ne head of	the fire depart	ment for the	above
Please Check Belo	ow:		I	LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			I	Ву:		
DISAPPROVE						
(If disapproved	explain)		-			<del></del>
DATE:						



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#### ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:003400004		CITY OR TOV	VN ASHBURI	NHAM	
APPLICATION FOR	RENEWAL:	Annual	LIC	LICENSED FOR 2013		
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A	ASHBURNHAM POS A	ST #142 AMERIO	CAN LEGION P	OST INC		
ADDRESS 132 WILI	LIAMS RD.					
CITY/TOWN: ASH	BURNHAM	STATE: MA	ZIP CODE	: 01430		
MANAGER: LEHN	MAN, LINDA TYPE (	OF LICENSE: Cl	ub	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
P	PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR F	CMAIL ADDRESS			
DESCRIPTION OF L	LICENSED PREMISES	:				
	OR, 9 WINDOWS, 1 I REFRIGERATED STO ΓWO BARS.					
I hereby certify and sv	wear under penalties of	perjury that:				
1. the renewe	ed license will be of the	same type for the	e same premises r	now licensed;		
2. the license	e has complied with all	laws of the Com	monwealth relation	ng to taxes; and		
3. the premise	es are now open for bus	siness (If not exp	lain below)			
SIGNED BY			0.00			
	Individual, Partner or	Authorized Corp	orate Officer			
DATE:			EMBLO	WED IDENTIFICAT	FION MUMBER.	
DATE.	TELEPHONE N	IUMBER:		YER IDENTIFICATE  Individual Social S		
We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.						
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY	
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	n)					
			-			
DATE:						



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 003400005		CITY OR TOW	N ASHBURI	NHAM
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	TWEEDO'S VA	RIETY AND PIZZA	INC.		
DOING BUSINESS	A				
ADDRESS 3 DUNN	ROAD				
CITY/TOWN: ASH	IBURNHAM	STATE: MA	ZIP CODE:	01430	
MANAGER: FISS TIMO	ETTE, T OTHY P.	YPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
·	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF	LICENSED PREM	AISES:			
ONE STORY WOOD RETAIL AND PIZZ		RE 2 DOORWAYS, II AITING ROOM.	NTERIOR DOOR, A	ACCESSIBLE	ТО
2. the license	ee has complied w	of the same type for the conformal laws of the Conformal laws (If not expected the conformal laws) of the conformal laws (If not expected the conformal laws) of the same type for the conformal laws of the conformal laws (If not expected the conformal laws) of the conformal la	nmonwealth relating		
SIGNED BY	Individual, Parti	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)			LOCAL LICEN By:	NSING AUTH	ORITY
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:003400009		CITY OR TOV	VN ASHBURI	NHAIVI
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS					
ADDRESS 3 MEMO	RIAL DRIVE				
CITY/TOWN: ASH	BURNHAM	STATE: MA	ZIP CODE	: 01430	
MANAGER: HEAL	RNE, DAVID	TYPE OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
L 1	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PRI	EMISES:			
		EMENT BLOCK BUIL BARRED, TWO DRIV		26' COLLOR, 3	4'X4'
	es are now oper	with all laws of the Conn for business (If not expertment or Authorized Connection of the Connection o	plain below)	ng to taxes; and	
	·				
DATE:	TELEPI	HONE NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED:			LOCAL LICE By:	ENSING AUTH	ORITY
DISAPPROVED: (If disapproved expla	in)				
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 003400010		CITY OR TOWN	ASHBURN	HAM	
APPLICATION FOR RENEWAL:	Annual	Annual LICENSED FOR 2013			
	CLASS			YEAR	
LICENSEE NAME: Darshan Patel					
DOING BUSINESS A Ashburnham M	Iarket Place				
ADDRESS REAR MAIN STREET					
CITY/TOWN: ASHBURNHAM	STATE: MA	ZIP CODE:	01430		
MANAGER: Patel, Darshan T	TYPE OF LICENSE: Pack	kage Store CA	ATEGORY:	Wine and Malt Regular	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	AIL ADDRESS		-	
DESCRIPTION OF LICENSED PREM	MISES:				
LAP BOARD FRONT. DIMENSION 16'X 14'. REFRIGERATED AREA 1				REA:	
2. the licensee has complied w     3. the premises are now open f  SIGNED BY  Individual, Parti		in below)	taxes; and		
·	·				
DATE: TELEPHO	ONE NUMBER:	NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social Secur			
Please Check Below: APPROVED:		LOCAL LICENS	ING AUTHO	ORITY	
DISAPPROVED:		By:			
(If disapproved explain)					
DATE:					



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#### OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 003400012	2	CITY OR TOWN	ASHBURNHAM		
APPLICATION FOR RENEWA	L: Annual	LICENSED FOR 2013			
	CLASS		YEAR		
LICENSEE NAME: GLOBAL	MONTELLO GROUP CO	RP.			
DOING BUSINESS A MR. MIR	KE'S				
ADDRESS 6 GARDNER ROAD	)				
CITY/TOWN: ASHBURNHAN	STATE: MA	ZIP CODE:	01430		
MANAGER: DAHLGREN, DEBRA	TYPE OF LICENSE:	Package Store CA	ATEGORY: All Alcohol		
EMAIL ADDRESS:					
PLEASE ALSO VI	SIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS			
DESCRIPTION OF LICENSED	PREMISES:				
SINGLE STORY-ONE BAY CO ENTRANCE /EXIT DOORWAY WOODEN STRUCTURE WITH	Y, MEASURING 45 X 24.	2 STORY STORE ME			
I hereby certify and swear under j	penalties of perjury that:				
1. the renewed license w	ill be of the same type for t	he same premises now	licensed;		
2. the licensee has comp	lied with all laws of the Co	mmonwealth relating to	o taxes; and		
3. the premises are now	open for business (If not ex	plain below)			
SIGNED BY	D	OSC			
Individual	, Partner or Authorized Con	porate Officer			
DATE:					
TEL	EPHONE NUMBER:		EMPLOYER IDENTIFICATION NUMBER:  (Note: <u>NOT</u> Individual Social Security Number)		
		` <u></u>			
Please Check Below:		LOCAL LICENSING AUTHORITY			
APPROVED:		By:			
DISAPPROVED:					
(If disapproved explain)					
DATE:			<del></del>		



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#### ON PREMISES LICENSE RENEWAL APPLICATION

	CITY OR TOWN ASHBUR	NHAM	
Annual	LICENSED FOR 2	2013	
CLASS		YEAR	
OF ASHBURNHAM	I		
B OF ASHBURNHA	M		
STATE: MA	ZIP CODE: 01430		
PE OF LICENSE: Res	taurant CATEGORY:	: All Alcohol	
EBSITE AND ENTER YOUR EM	AIL ADDRESS		
of perjury that:			
the same type for the	same premises now licensed;		
	•		
business (If not expla	in below)		
or Authorized Corpo	rate Officer		
E NUMBER:	EMPLOYER IDENTIFICA	TION NUMBER:	
	(Note: NOT Individual Social	al Social Security Number)	
spector and the head	of the fire department for the	e above	
	LOCAL LICENSING AUTH	IORITY	
	By:		
	CLASS  B OF ASHBURNHAM  B OF ASHBURNHAM  STATE: MA  PE OF LICENSE: Resi  EBSITE AND ENTER YOUR EM  SES: AND CONSTRUCTED  F BY A RETAINING  S of perjury that: the same type for the same type fo	Annual CLICENSED FOR 2 CLASS  GOF ASHBURNHAM  BOF ASHBURNHAM  STATE: MA ZIP CODE: 01430  PE OF LICENSE: Restaurant CATEGORY:  EBSITE AND ENTER YOUR EMAIL ADDRESS  SES:  AND CONSTRUCTED FOR RESTAURANT AND SET A RETAINING WALL WHICH RUNS ALON  GOF perjury that: the same type for the same premises now licensed; all laws of the Commonwealth relating to taxes; and business (If not explain below)  TO Authorized Corporate Officer  ENUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social and The Liquor liability insurance required by Chapter 11  LOCAL LICENSING AUTHORS	